

Case Number:	CM15-0065948		
Date Assigned:	04/14/2015	Date of Injury:	04/12/2012
Decision Date:	07/01/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 32-year-old who has filed a claim for chronic wrist and arm pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of April 12, 2012. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve requests for Motrin, tramadol, Neurontin, and Prilosec. Partial approval of tramadol and gabapentin (Neurontin) were apparently issued. The claims administrator referenced a RFA form received on March 16, 2015 in its determination. The full text of the UR report was not seemingly attached to the application. The applicant's attorney subsequently appealed. On March 16, 2015, the applicant reported ongoing complaints of wrist pain, hand pain, arm pain, and migraines. The applicant was apparently pending a psychiatric evaluation. The applicant's medications included Topamax, Motrin, Prilosec, Neurontin, and tramadol, it was reported. In another section of the note, the applicant stated that Vicodin made her too sleepy. 8/10 pain complaints were reported towards the middle of the report. The applicant was placed off of work, on total temporary disability. The applicant was asked to follow with psychiatry. The applicant had undergone earlier failed wrist surgery and remained depressed, it was reported. Little-to-no discussion of medication efficacy transpired. Monthly drug testing of Topamax, Motrin, tramadol, Neurontin, and Prilosec were sought via a RFA form dated March 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: No, the request for Motrin (ibuprofen) was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the fact that an attending provider should incorporate some discussion of efficacy of medications into his choice of recommendations. Here, however, the applicant was off of work, on total temporary disability, as of the date in question, March 16, 2015. 8/10 pain complaints were reported on that date. Ongoing usage of ibuprofen had apparently failed to curtail the applicant's dependence on opioid agents such as tramadol. The attending provider failed to outline meaningful or material improvements in function (if any) effected as a result of ongoing ibuprofen usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request. The applicant continued to report pain complaints in 8/10 range, despite ongoing tramadol usage. The attending provider failed to outline meaningful or material improvements in function or quantifiable decrements in pain (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) Page(s): 19.

Decision rationale: Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, an applicant should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of ongoing gabapentin usage. Here, however, the applicant was off of work, on total temporary disability, despite ongoing gabapentin usage. The applicant continued to report pain complaints in 8/10 range, despite ongoing gabapentin usage. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Finally, the request for omeprazole (Prilosec), a proton-pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton-pump inhibitors such as omeprazole (Prilosec) are indicated in the treatment of NSAID-induced dyspepsia, here, however, there is no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced, or stand-alone, on the March 16, 2015 progress note in question. On that date, the gastrointestinal review of systems was described as negative, with the applicant reporting "no difficulty with heartburn, nausea, or vomiting." It did not appear, thus, that omeprazole is indicated here. Therefore, the request was not medically necessary.